

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10003468

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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45						
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47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
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97								
98								
99								
100								
TOTAL IND.	9							
TOTAL DEP.	53							
TOTAL CLAIMS	62							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS